Program B: Patient Care

Program Authorization: Concurrent House Resolution #12 of 1959; Act V of 1980; R.S. 28:382

PROGRAM DESCRIPTION

The mission of the Patient Care Program is to provide residential living and other supports and services to individuals with developmental disabilities living at Columbia Developmental Center.

The goal of the Patient Care Program is to provide person centered, 24-hour residential living services and supports to individuals with developmental disabilities living at Columbia Developmental Center.

The Patient Care Program supports the provision of all professionally prescribed activities associated with the medical, dietary, personal safety, therapeutic and active treatment needs of the geriatric developmentally disabled individuals in the facility's programs or service components.

The Patient Care Program consists of one activity: Geriatric Residential Services.

OBJECTIVES AND PERFORMANCE INDICATORS

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2000-2001. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).

The objectives and performance indicators that appear below are associated with program funding in the Governor's Supplementary Recommendations for FY 2000-01. Specific information on program funding is presented in the financial sections that follow performance tables.

1. (SUPPORTING) To use person-centered approach to developing plans for 12% of the 24 individuals residing at Columbia Developmental Center (CDC).

Strategic Link: This objective implements Goal I, Objective I.1 of the strategic plan: To use person-centered approach to developing plans for 57% of the individuals residing in Columbia Developmental Center (CDC) by June 30, 2003.

| | PERFORMANCE INDICATOR VALUES | | | | | | |
|-----|--|------------------|--------------|--------------|--------------|--------------|--------------|
| EL | | YEAREND | ACTUAL | ACT 10 | EXISTING | AT | AT |
| EVE | | PERFORMANCE | YEAREND | PERFORMANCE | PERFORMANCE | CONTINUATION | RECOMMENDED |
| | | STANDARD | PERFORMANCE | STANDARD | STANDARD | BUDGET LEVEL | BUDGET LEVEL |
| | PERFORMANCE INDICATOR NAME | FY 1998-1999 | FY 1998-1999 | FY 1999-2000 | FY 1999-2000 | FY 2000-2001 | FY 2000-2001 |
| S | Percentage of individuals with person-centered | Not applicable 1 | 0% | 0% | 0% | 12% | 12% |
| | plans of the total served in the Developmental | | | | | | |
| | Center | | | | | | |

¹ This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.

| GENERAL PERFORMANCE INFORMATION: | | | | | |
|---|---------------|---------------|---------------|---------------|------------|
| PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR | | | | | |
| | ACTUAL | ACTUAL | ACTUAL | ACTUAL | ACTUAL |
| PERFORMANCE INDICATOR | FY 1994-95 | FY 1995-96 | FY 1996-97 | FY 1997-98 | FY 1998-99 |
| Number of people living at CDC | 24 | 24 | 24 | 24 | 24 |
| Number of people with person-centered plans served at CDC | Not available | Not available | Not available | Not available | 0 |

2. (KEY) To provide active treatment services consistent with state and federal regulations and in accord with the level of care for and average daily census of 24 individuals with developmental disabilities living at Columbia Developmental Center (CDC).

Strategic Link: This objective implements Goal I, Objective I.1 of the strategic plan: To use person-centered approach for involving 20% of the individuals residing in Columbia Developmental Center (CDC) in community based leisure activities by June 30, 2003.

| | | | PERFORMANCE INDICATOR VALUES | | | | | | | |
|-------|--|------------------|------------------------------|-----------------------------|--------------|--------------|--------------|--|--|--|
| E C | | YEAREND | ACTUAL | ACT 10 | EXISTING | AT | AT | | | |
| LEVEL | | PERFORMANCE | YEAREND | PERFORMANCE | PERFORMANCE | CONTINUATION | RECOMMENDED | | | |
| | | STANDARD | PERFORMANCE | STANDARD | STANDARD | BUDGET LEVEL | BUDGET LEVEL | | | |
| | PERFORMANCE INDICATOR NAME | FY 1998-1999 | FY 1998-1999 | FY 1999-2000 | FY 1999-2000 | FY 2000-2001 | FY 2000-2001 | | | |
| S | Average daily census | 24 | 23 | 24 | 24 | 24 | 24 | | | |
| K | Total number of clients served | Not applicable 1 | 23 | Not applicable ² | 24 | 24 | 24 | | | |
| K | Number of overall staff available per client | 1.63 | 1.70 | 1.63 | 1.63 | 1.63 | 1.63 | | | |
| K | Average cost per client day | \$148 | \$148 | \$146 | \$146 | \$280 3 | \$218 | | | |
| K | Occupancy rate | Not applicable 1 | 91% | Not applicable ² | 91% | 91% | 91% | | | |

¹ This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.

³ This figure includes costs for both Program A: Administration and Support and Program B: Patient Care. Figures for previous fiscal years included only patient care costs. The change in calculations is being made in an effort to standardize this calculation across all departmental facilities.

| GENERAL PERFORMANCE INFORMATION: | | | | | | | |
|--|------------|------------|------------|------------|------------|--|--|
| PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR | | | | | | | |
| | ACTUAL | ACTUAL | ACTUAL | ACTUAL | ACTUAL | | |
| PERFORMANCE INDICATOR | FY 1994-95 | FY 1995-96 | FY 1996-97 | FY 1997-98 | FY 1998-99 | | |
| Total number of clients served | 24 | 24 | 24 | 24 | 23 | | |
| Average cost per client day | \$143 | \$139 | \$141 | \$145 | \$148 | | |
| Occupancy rate | 91% | 94% | 92% | 92% | 91% | | |

² This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.

RESOURCE ALLOCATION FOR THE PROGRAM

| | | | | | | RECOMMENDED |
|--|-------------|-------------|-------------|--------------|-------------|--------------|
| | ACTUAL | ACT 10 | EXISTING | CONTINUATION | RECOMMENDED | OVER/(UNDER) |
| | 1998-1999 | 1999- 2000 | 1999- 2000 | 2000 - 2001 | 2000 - 2001 | EXISTING |
| MEANS OF FINANCING: | | | | | | |
| STATE GENERAL FUND (Direct) STATE GENERAL FUND BY: | \$145,103 | \$145,103 | \$145,103 | \$145,103 | \$145,103 | \$0 |
| Interagency Transfers | 1,018,455 | 1,035,091 | 1,035,091 | 1,093,605 | 1,019,648 | (15,443) |
| Fees & Self-gen. Revenues | 113,000 | 113,000 | 113,000 | 124,500 | 124,500 | 11,500 |
| Statutory Dedications | 0 | 0 | 0 | 0 | 0 | 0 |
| Interim Emergency Board | 0 | 0 | 0 | 0 | 0 | 0 |
| FEDERAL FUNDS | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL MEANS OF FINANCING | \$1,276,558 | \$1,293,194 | \$1,293,194 | \$1,363,208 | \$1,289,251 | (\$3,943) |
| EXPENDITURES & REQUEST: | | | | | | |
| Salaries | \$785,345 | \$807,732 | \$807,732 | \$840,041 | \$794,733 | (\$12,999) |
| Other Compensation | 14,748 | 10,000 | 10,000 | 10,000 | 10,000 | 0 |
| Related Benefits | 126,529 | 155,372 | 155,372 | 161,587 | 171,756 | 16,384 |
| Total Operating Expenses | 140,095 | 112,000 | 112,000 | 135,554 | 106,346 | (5,654) |
| Professional Services | 92,786 | 85,672 | 85,672 | 87,782 | 85,672 | 0 |
| Total Other Charges | 92,459 | 112,313 | 112,313 | 107,952 | 107,952 | (4,361) |
| Total Acq. & Major Repairs | 24,596 | 10,105 | 10,105 | 20,292 | 12,792 | 2,687 |
| TOTAL EXPENDITURES AND REQUEST | \$1,276,558 | \$1,293,194 | \$1,293,194 | \$1,363,208 | \$1,289,251 | (\$3,943) |
| AUTHORIZED FULL-TIME | | | | | | |
| EQUIVALENTS: Classified | 39 | 39 | 39 | 39 | 38 | (1) |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 39 | 39 | 39 | 39 | 38 | (1) |

The Total Recommended amount above includes \$1,289,251 of supplementary recommendations for this program. The supplementary recommendation amount represents full funding of this program payable out of revenues generated by the renewal of the 3% suspension of the exemptions to the sales tax.

SOURCE OF FUNDING

The Patient Care Program of Columbia Developmental Center is funded from Interagency Transfers, Fees and Self-generated Revenue, and State General Fund. Interagency Transfers include Title XIX funds received from the Department of Health and Hospitals, Medical Vendor Payments Program, as reimbursement for services provided to Medicaid-eligible residents. Fees and Self-generated Revenue includes payments for services provided to patients based on a sliding fee scale, and reimbursement for meals served to employees and visitors.

ANALYSIS OF RECOMMENDATION

| GENERAL FUND | TOTAL | т.о. | DESCRIPTION |
|-----------------|------------------------------|------|--|
| \$145,103 | \$1,293,194 | 39 | ACT 10 FISCAL YEAR 1999-2000 |
| | | | BA-7 TRANSACTIONS: |
| \$0 | \$0 | 0 | This program does not have any BA-7 transactions |
| \$145,103 | \$1,293,194 | 39 | EXISTING OPERATING BUDGET – December 3, 1999 |
| \$0 | \$18,433 | 0 | Annualization of FY 1999-2000 Classified State Employees Merit Increase |
| \$0 | \$18,802 | 0 | Classified State Employees Merit Increases for FY 2000-2001 |
| \$0 | \$12,792 | 0 | Acquisitions & Major Repairs |
| \$0 | (\$10,105) | 0 | Non-Recurring Acquisitions & Major Repairs |
| \$0 | (\$2,145) | 0 | Salary Base Adjustment |
| \$0 | (\$35,090) | 0 | Attrition Adjustment |
| \$0 | (\$16,249) | (1) | Personnel Reductions |
| \$0 | \$13,980 | 0 | Other Adjustments - Funding for group insurance for retirees |
| \$0 | (\$4,361) | 0 | Other Adjustments - Adjustment to the intermediate-care facility provider fees |
| \$0 | \$0 | 0 | Net Means Of Financing Substitutions - Replace interagency transfers with self-generated funds to correctly reflect projected revo |
| \$145,103 | \$1,289,251 | 38 | TOTAL RECOMMENDED |
| (\$145,103) | (\$1,289,251) | (38) | LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS |
| \$0 | \$0 | 0 | BASE EXECUTIVE BUDGET FISCAL YEAR 2000-2001 |
| | | | SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL: |
| \$145,103 | \$1,289,251 | 38 | All Patient Care Programs |
| Ψ1.0,100 | ψ1, 2 0>, 2 01 | | The Fundame Care Trog-man |
| \$145,103 | \$1,289,251 | 38 | TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL |
| \$0 | \$0 | 0 | SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE: None |
| Ψ | \$0 | U | TORE |
| \$0 | \$0 | 0 | TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE |
| \$145,103 | \$1,289,251 | 38 | GRAND TOTAL RECOMMENDED |

The total means of financing for this program is recommended at 99.7% of the existing operating budget. It represents 85.8% of the total request (\$1,502,950) for this program.

PROFESSIONAL SERVICES

| imposed on all intermediate care facilities SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS | \$17,527 | Medical services |
|---|------------|--------------------------------------|
| \$6,240 Physical Therapy services \$8,640 Physical Services \$8,640 Pharmaceutical services \$5,600 Psychiatric services \$5,265 Podiatris services \$5,265 Podiatris tervices \$9,600 Communication services \$1,200 Medical records' reviews **S5,672 TOTAL PROFESSIONAL SERVICES **OTHER CHARGES** **OTHER CHARGES** **S107,952 Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities **S107,952 SUB-TOTAL OTHER CHARGES** **Interagency Transfers:** **S0 This program does not have funding for Interagency Transfers **\$50 SUB-TOTAL INTERAGENCY TRANSFERS** **S107,952 TOTAL OTHER CHARGES** **ACQUISITIONS AND MAJOR REPAIRS** **\$12,792 Funding for replacement of inoperable and obsolete equipment** | \$10,280 | Dentistry services |
| \$8,850 Psychological services \$8,640 Pharmaceutical services \$5,600 Psychiatric services \$5,265 Podiatrist services \$8,750 Nutritional services \$8,750 Nutritional services \$1,200 Medical records' reviews **S\$5,672 TOTAL PROFESSIONAL SERVICES **OTHER CHARGES** **DOTHER CHARGES** **Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities **S\$107,952 SUB-TOTAL OTHER CHARGES** **Interagency Transfers: **S\$0 This program does not have funding for Interagency Transfers **S\$0 SUB-TOTAL INTERAGENCY TRANSFERS** **TOTAL OTHER CHARGES** **LOTAL | \$5,720 | Occupational Therapy services |
| \$8,640 Pharmaceutical services \$5,600 Psychiatric services \$5,265 Podiatrist services \$8,750 Nutritional services \$8,750 Nutritional services \$9,600 Communication services \$1,200 Medical records' reviews **St5,672 TOTAL PROFESSIONAL SERVICES **OTHER CHARGES** **OTHER CHARGES** **St07,952 Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities **St07,952 SUB-TOTAL OTHER CHARGES** **Interagency Transfers:** **St07,952 Total other charges **Sub-total interagency transfers** **Sub-total interagency transfers** **Coulsitions and major replacement of inoperable and obsolete equipment** **ACQUISITIONS AND MAJOR REPAIRS** **Funding for replacement of inoperable and obsolete equipment** | \$6,240 | Physical Therapy services |
| \$5,600 Psychiatric services \$5,265 Podiatric services \$8,750 Nutritional services \$9,600 Communication services \$1,200 Medical records' reviews *85,672 TOTAL PROFESSIONAL SERVICES OTHER CHARGES \$107,952 Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities \$107,952 SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES \$107,953 TOTAL OTHER CHARGES \$107,954 TOTAL OTHER CHARGES \$107,955 TOTAL OTHER CHARGES | \$6,850 | Psychological services |
| \$5,265 \$8,750 Nutritional services \$9,600 Communication services \$1,200 Medical records' reviews **S5,672 **TOTAL PROFESSIONAL SERVICES **OTHER CHARGES **S107,952 **Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities **S107,952 **SUB-TOTAL OTHER CHARGES Interagency Transfers: **S0 **Total Interagency Transfers* **S0 **SUB-TOTAL INTERAGENCY TRANSFERS **S107,952 **TOTAL OTHER CHARGES **ACQUISITIONS AND MAJOR REPAIRS **Funding for replacement of inoperable and obsolete equipment | \$8,640 | Pharmaceutical services |
| \$8,750 Nutritional services \$9,600 Communication services \$1,200 Medical records' reviews \$85,672 TOTAL PROFESSIONAL SERVICES OTHER CHARGES \$107,952 Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities \$107,952 SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES \$107,952 TOTAL OTHER CHARGES \$12,792 Funding for replacement of inoperable and obsolete equipment | \$5,600 | Psychiatric services |
| \$9,600 Communication services Medical records' reviews *85,672 TOTAL PROFESSIONAL SERVICES OTHER CHARGES \$107,952 Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities \$107,952 SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES **ACQUISITIONS AND MAJOR REPAIRS* \$12,792 Funding for replacement of inoperable and obsolete equipment | \$5,265 | Podiatrist services |
| \$85,672 TOTAL PROFESSIONAL SERVICES OTHER CHARGES Frovider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities S107,952 SUB-TOTAL OTHER CHARGES Interagency Transfers: This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$8,750 | Nutritional services |
| \$85,672 TOTAL PROFESSIONAL SERVICES OTHER CHARGES \$107,952 Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities \$107,952 SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 Interagency Transfers: \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$9,600 | Communication services |
| OTHER CHARGES \$107,952 Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities \$107,952 SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$1,200 | Medical records' reviews |
| Provider-based fees - paid in accordance with LA R.S. 46:2601-2605, which briefly states that a fee of \$10.39 per patient-day will be imposed on all intermediate care facilities SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS S107,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$85,672 | TOTAL PROFESSIONAL SERVICES |
| imposed on all intermediate care facilities SIO7,952 SUB-TOTAL OTHER CHARGES Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS SIO7,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | | OTHER CHARGES |
| Interagency Transfers: \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$107,952 | |
| \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$107,952 | SUB-TOTAL OTHER CHARGES |
| \$0 This program does not have funding for Interagency Transfers \$0 SUB-TOTAL INTERAGENCY TRANSFERS \$107,952 TOTAL OTHER CHARGES ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | | Interagency Transfers: |
| ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$0 | • |
| ACQUISITIONS AND MAJOR REPAIRS \$12,792 Funding for replacement of inoperable and obsolete equipment | \$0 | SUB-TOTAL INTERAGENCY TRANSFERS |
| \$12,792 Funding for replacement of inoperable and obsolete equipment | \$107,952 | TOTAL OTHER CHARGES |
| \$12,792 Funding for replacement of inoperable and obsolete equipment | | ACQUISITIONS AND MAJOR REPAIRS |
| \$12,792 TOTAL ACQUISITIONS AND MAJOR REPAIRS | \$12,792 | |
| | \$12,792 | TOTAL ACQUISITIONS AND MAJOR REPAIRS |